2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

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DOCUMENT # P05000126381 1. Entity Name SPACE COAST FORTUNE COOKIE CHINESE RESTAURANT, INCORPORATED							_	025 ***15		
Principal Plac	e of Business	Mailing Address			-7 ~ -					
1875 S PATRICK DRIVE 1875 S PATRICK DRIVE										
SUITE E SUITE E										
	BOR BEACH, FL 32937	INDIAN HARBOR BEACH	l, FL 32937		1 (85)(85) (1)	Bajai Bilik Bahi Balit				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Numbe	D FOR 20-	34538	Ap No	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desire		\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered	·		
				Name YINH DUAN						
YOU, WEN BIN 1875 S PATRICK DRIVE			Street	Street Address (P.O. Box Number is Not Acceptable)						
SUITE E INDIAN HARBOR BEACH, FL 32937			1.8	75.	C P42	nick D	DIVE .	#6		
				1875 S. PATRICK DRIVE, # E City INDIAN HARBOR BEACH FL Zip Code 31937						
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office of	r registere	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,		
SIGNATURE_										
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	Signature, typed or printed name of registered agent	and little it applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campai	gn Financing	\$5.0	00 May Be		DATE	v 10004en		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Financing	\$5.0	00 May Be ed to Fees	CHANGES TO C		ID DIRECTOR:	S IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4-7-67
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayurne Phone #